AMENDMENT TRANSMITTAL LETTER						Docket No. 5383-0101PUS1	
Application No. 10/583,729-Conf. #6587		Filing Date June 20, 2006		Examiner I. J. Wu		Art Unit 1797	
Applicant(s): Katsuhisa HONDA et al.							
	E FOR RECO VERING MATE			E MEASURED AND	METHOD) FOR	
MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA 223	313-1450	ndment in the	ahovo identii	find application			
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	0	- 20 =	0	x 52.00		0.00	
Independent Claims	0	- 3 =	0	x 220.00		0.00	
Multiple Dependent Claims (check if applicable)							
Other fee (please specify):							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00	
x Large Entity Small Entity							
x No additiona	Il fee is require	d for this amer	ndment.				
Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.							
A check in the amount of \$ is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
X The Director is hereby authorized to charge and credit Deposit Account No. 02-2448							
as described below. A duplicate copy of this sheet is enclosed.							
x Credit any overpayment. x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.							
x Charge a	iny additional fili	ng or applicatio	n processing	fees required under 3	7 CFR 1.1	6 and 1.17.	
	Belly			Dated: N	lovember	6, 2009	
Chad J. Billings Attorney Reg. N							
BIRCH, STEWA 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, Vi (703) 205-8000	ART, KOLASCI e Road	·	.P				